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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

Application Number 10/601,964

Filing Date 06/23/2003

First Named Inventor FEHER, Steve

Art Unit 3665

Examiner Name Unknown

Attorney Docket Number 04-15048

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Lauson & Associates		
Signature			
Printed name	Robert J. Lauson, Esq.		
Date	December 21, 2004	Reg. No.	41930

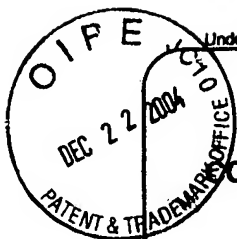
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Typed or printed name	Robert J. Lauson, Esq.	Date	12/21/2004

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**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	10/601,964
Filing Date	06/23/2003
First Named Inventor	Feher
Title	Air Conditioned Helmet
Art Unit	3665
Examiner Name	Unknown
Attorney Docket Number	04-15048

I hereby appoint:

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Steve Feher		
Signature			
Date	July 2 / 2004	Telephone	(808) 395-8742

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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